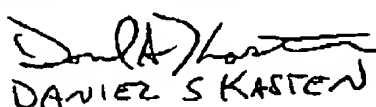



PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 53116/4355		
I hereby certify that this document is being transmitted to the U.S. Patent and Trademark Office via facsimile to fax no. 730-872-9306 on this 24 th day of February, 2004.  DANIEL S. KASTEN	In re Application of Curtiss et al. <hr/> Application Number 09/560,539 <hr/> Filed 4/28/2000 <hr/> For Regulated Antigen Delivery System <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Group Art Unit 1645</td> <td style="width: 50%;">Examiner Navarro, A.M.</td> </tr> </table>		Group Art Unit 1645	Examiner Navarro, A.M.
Group Art Unit 1645	Examiner Navarro, A.M.			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ _____		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ <u>950.00</u>		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record.				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
<u>2/24/2004</u> Date		 Signature		
_____ Daniel S. Kasten Typed or Printed Name				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 6/16 * RCVD AT 2/24/2004 4:06:27 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-1/0 * DNIS:8729306 * CSID:314 552 7000 * DURATION (mm:ss):04:52

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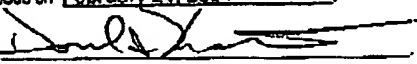

950.00 DA

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 53116/4355	
I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile to fax no. 703-872-9306 on <u>February 24, 2004</u> Signature:  Typed or printed name: <u>Daniel S. Kasten</u>		In re Application of Curtiss et al. Application Number 09/560,539 Filed 04/28/00 For Regulated Antigen Delivery System Group Art Unit 1645 Examiner Navarro, A.M.	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>330.00</u> .	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>28-0823</u> . I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		 Signature	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.		<u>Daniel S. Kasten</u> Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		<u>February 24, 2004</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			

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PAGE 4/16 * RCVD AT 2/24/2004 4:06:27 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-1/0 * DNIS:8729306 * CSID:314 552 7000 * DURATION (mm:ss):04:52

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